

Appl. No. 09/600,054
Amdt. Dated 04/13/2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No. :	09/600,054	Confirmation No. 6735
Applicant :	Anthony L. Alles	
Filed :	11/19/2000	
TC/A.U. :	2153	
Examiner :	Kimberly D. Flynn	
Docket No. :	003239.P098	
Customer No. :	8791	

Commissioner for Patents
PO Box 1450
Alexandria VA 22313-1450

SUPPLEMENTAL AMENDMENT

Sir:

In response to the telephone conference with Examiner Flynn on April 13, 2005, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims, which begins on page 2 of this paper.

Remarks/Arguments begin on page 11 of this paper.

BLAKELY SOKOLOFF TAYLOR & ZAFMAN LLP

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INTELLECTUAL PROPERTY LAW
12400 WILSHIRE BOULEVARD, 7TH FLOOR
LOS ANGELES, CA 90025

FACSIMILE: (714) 557-3347

FACSIMILE COVER SHEET

Deliver to: Kimberly D. Flynn, USPTO Art Group: 2152
 Facsimile No.: 703-872-9306 Date: April 13, 2005
 From: William W. Schaal, Reg. No. 39,018
 Our Docket No.: 3239P098 Number of pages 15 including this sheet.
 Application No.: 09/600,054 Filing Date: 11/19/2000
 Docket Due Date(s): _____

Enclosed are the following documents:

<input checked="" type="checkbox"/> Amendment: <u>Supplemental (11 pgs)</u>	<input type="checkbox"/> Issue Fee Transmittal
<input type="checkbox"/> Appeal Brief (<u> </u> pgs)	<input type="checkbox"/> Notice of Appeal
<input type="checkbox"/> Application: _____ (<u> </u> pgs) w/cover & abstract	<input type="checkbox"/> Petition for: _____
<input type="checkbox"/> Assignment & Cover Sheet (<u> </u> pgs)	<input type="checkbox"/> Request for Continued Examination (RCE)
<input checked="" type="checkbox"/> Certificate of Facsimile	<input type="checkbox"/> Reply Brief (<u> </u> pgs)
<input type="checkbox"/> Continued Prosecution Application (CPA)	<input type="checkbox"/> Request & Certification Under 35 USC 122(b)(2)(B)(i)
<input type="checkbox"/> Declaration & POA (<u> </u> pgs)	<input type="checkbox"/> Request to Rescind Previous Nonpublication Request
<input type="checkbox"/> Drawings: <u> </u> sheets, <u> </u> figures	<input type="checkbox"/> Response to Notice of Missing Parts & Formalities Letter
<input type="checkbox"/> Extension of Time: _____	<input type="checkbox"/> Response to Written Opinion (<u> </u> pgs)
<input checked="" type="checkbox"/> Fee Transmittal (in duplicate)	<input checked="" type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> IDS & PTO/SB/08 (<u> </u> pgs)	<input type="checkbox"/> Transmittal of Publication Fee Due
<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Transmittal Letter

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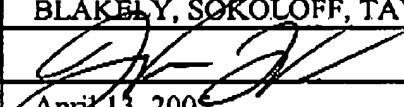
Susan McFarlane 4/13/2005
 Susan McFarlane Date


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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application No.	09/600,054
		Filing Date	November 19, 2000
		First Named Inventor	Anthony L. Alles
		Art Unit	2152
		Examiner Name	Kimberly D. Flynn
Total Number of Pages in This Submission	15	Attorney Docket Number	3239P098

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; height: 60px; width: 100%;"></div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	William W. Schaal, Reg. No. 39,018 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	April 13, 2005

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Signature		Date	April 13, 2005

Based on PTO/SB/21 (04-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wtr) 09/04/2004
 SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

<h1 style="text-align: center;">FEE TRANSMITTAL</h1> <h2 style="text-align: center;">for FY 2005</h2> <p style="text-align: center;"><i>Potential fees are subject to annual revision</i></p>		<p style="text-align: center;">Complete If Known</p>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		Application Number	09/600,054
		Filing Date	November 19, 2000
		First Named Inventor	Anthony L. Alles
		Examiner Name	Kimberly D. Flynn
		Art Unit	2152
		Attorney Docket No.	3239P098
TOTAL AMOUNT OF PAYMENT		(\$)	130.00

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☐ Charge any additional fee(s) or underpayment of fee(s) ☐ Credit any overpayments

under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

FEE CALCULATION

1. EXTRA CLAIM FEES

		Extra Claims		Fee from below		Fee Paid
Total Claims	44	$\cdot 10^2$	=	0	x	50.00
Independent Claims	0	$\cdot 10^2$	=	0	x	200.00
Multiple Dependent						

Large Entity Small Entity Fee Description

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 5
1203	300	2203	180	Multiple Dependent claim, if not paid
1204	300	2204	150	**Reissue independent claims over original patent
1205	300	2205	150	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (1)

(\$) 0.00

*or number previously paid, if greater. For Reissues, see below

2. ADDITIONAL FEES

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1051	130	2051	65	Surcharge - late filing fee or oath
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet
2053	130	2053	130	Non-English specification
1251	120	2251	80	Extension for reply within first month
1252	450	2252	225	Extension for reply within second month
1253	1,020	2253	510	Extension for reply within third month
1254	1,590	2254	795	Extension for reply within fourth month
1255	2,180	2255	1,090	Extension for reply within fifth month
1401	500	2401	250	Notice of Appeal
1402	800	2402	250	Filing a brief in support of an appeal
1403	1,000	2403	500	Request for oral hearing
1451	1,510	2451	1,510	Petition to institute a public use proceeding
1480	130	2480	130	Petitions to the Commissioner
1807	50	1807	50	Processing fee under 37 CFR 1.17(a)
1808	180	1808	180	Submission of Information Disclosure Stmt
1809	790	1809	395	Filing a submission after final rejection (37 CFR § 1.129(a))
1810	790	2810	395	For each additional invention to be examined (37 CFR § 1.129(b))

Other fee (specify)

SUBTOTAL (2)

(\$) 130.00

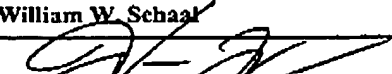
SUBMITTED BY			Complete (if applicable)		
Name (Print/Type)	William W. Schaal	Registration No. (Attorney/Agent)	39,018	Telephone	(714) 557-3800
Signature				Date	04/13/05

Based on PTO/SB/17 (12-04) as modified by Blakely, Senoff, Taylor & Zisman (w/r) 12/15/2004.
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FEE TRANSMITTAL for FY 2005 <i>Petent fees are subject to annual revision.</i>		<i>Complete if Known</i>	
		Application Number	09/600,054
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		Filing Date	November 19, 2000
		First Named Inventor	Anthony L. Allics
<input type="checkbox"/> TOTAL AMOUNT OF PAYMENT (\$) 130.00		Examiner Name	Kimberly D. Flynn
		Art Unit	2152
		Attorney Docket No.	3239P098

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>02-2666</u> Deposit Account Name: <u>Blakely, Sokoloff, Taylor & Zafman LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. <input type="checkbox"/> Credit any overpayments	

FEE CALCULATION																																																																																																																				
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Independent Claims	8	10*	0	200.00	\$0.00																																																																																																															
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SUBMITTED BY		<i>Complete (if applicable)</i>	
Name (Print/Type)	William W. Schaaf	Registration No. (Attorney/Agent)	39,018
Signature		Telephone	(714) 557-3800
		Date	04/13/05

Based on PTO/59/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (w/r) 12/15/2004.
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